STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

[redacted] **2019**
Signature Confirmation

Case ID # [redacted]
Client ID # [redacted]
Request # [redacted]

NOTICE OF DECISION
PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2018, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a notice of action discontinuing her Medicaid for the Employed Disabled ("S05") effective [redacted] because she did not make the required premium payments.

On [redacted] 2018, the Appellant requested an administrative hearing to appeal the Department's discontinuance of her S05 assistance.

On [redacted] 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2018.

On [redacted] 2018, OLCRAH, at the Appellant's request, rescheduled the administrative hearing for [redacted] 2018.

On [redacted] 2018, OLCRAH sent the Appellant a confirmation of hearing withdrawal letter.

On [redacted] 2019, OLCRAH, at the Appellant's request, rescheduled the administrative hearing for [redacted] 2019.

On [redacted] 2019, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone.

The following individuals participated at the hearing:

[redacted] the Appellant
Ferris Claire, Department's Representative
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department is correct in its determination the Appellant has an overdue S05 premium.

FINDINGS OF FACT

1. On [redacted] 2018, the Department sent the Appellant a Med-Connect premium invoice indicating her S05 premiums for [redacted] 2017 through [redacted] 2017 are overdue and her assistance will close if payment in full is not made before the end of [redacted] 2018. (Exhibit 1A: Notice dated [redacted]18)

2. On [redacted] 2018, the Department sent the Appellant a notice indicating her S05 assistance will close effective [redacted] 2018 for failure to pay premiums in full by the due date. (Exhibit 3: Notice dated [redacted]18)

3. On [redacted] 2018, the Department sent the Appellant a Med-Connect premium invoice indicating her S05 assistance will close if her premium payment is not received by the last day of the month following a coverage month. (Exhibit 1B: Notice dated [redacted]18)

4. On [redacted] 2018, the Appellant requested an administrative hearing. (Record)

5. The Appellant is [redacted] years old (DOB [redacted]). (Record; Appellant's testimony)

6. The Appellant receives $[redacted]. (Exhibit 3; Appellant's testimony)

7. The Appellant's monthly premium charges and payments are as follows:

Benefit Month	Premium Amount	Payment Amount	Balance
August [redacted]	[redacted]	$0.00	[redacted]
September [redacted]	[redacted]	$0.00	[redacted]
October [redacted]	[redacted]	$0.00	[redacted]
November [redacted]	[redacted]	$0.00	[redacted]

(Exhibit 1A)

8. The Appellant last worked in September [redacted]. (Exhibit 2: DOL wage details; Hearing summary; Appellant's testimony)

9. The Appellant testified she did not pay her [redacted] 2017 through [redacted] 2017 premiums. (Appellant's testimony)

10. As of the date of the hearing, the Appellant has not paid her S05 overdue premium amount of $[redacted]. (Record)

11. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted] 2018 and this decision, therefore, was due no later than [redacted], 2019. However, the Appellant requested two reschedules thereby extending the due date [redacted] days to [redacted], 2019. (Hearing record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Connecticut General Statues § 17b-597 provides for a working persons with disabilities program. (a) The Department of Social Services shall establish and implement a working persons with disabilities program to provide medical assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended from time to time, to persons who are disabled and regularly employed. (b) The Commissioner of Social Services shall amend the Medicaid state plan to allow persons specified in subsection (a) of this section to qualify for medical assistance. The amendment shall include the following requirements: (1) That the person be engaged in a substantial and reasonable work effort as determined by the commissioner and as permitted by federal law and have an annual adjusted gross income, as defined in Section 62 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, of no more than seventy-five thousand dollars per year; (2) a disregard of all countable income up to two hundred per cent of the federal poverty level; (3) for an unmarried person, an asset limit of ten thousand dollars, and for a married couple, an asset limit of fifteen thousand dollars; (4) a disregard of any retirement and medical savings accounts established pursuant to 26 USC 220 and held by either the person or the person's spouse; (5) a disregard of any moneys in accounts designated by the person or the person's spouse for the purpose of purchasing goods or services that will increase the employability of such person, subject to approval by the commissioner; (6) a disregard of spousal income solely for purposes of determination of eligibility; and (7) a contribution of any countable income of the person or the person's spouse which exceeds two hundred per cent of the federal poverty level, as adjusted for the appropriate family size, equal to ten per cent of the excess minus any premiums paid from income for health insurance by any family member, but which does not exceed the maximum contribution allowable under Section 201(a)(3) of Public Law 106-170, as amended from time to time.

3. Connecticut General Statues § 17b-598 provides for a waiver for persons unable to maintain work effort for involuntary reasons. The Commissioner of Social Services shall seek a waiver from federal law to permit a person participating in the program established under section 17b-597 to remain eligible for medical assistance under the Medicaid program in the event such person is unable to maintain a work effort for involuntary reasons. No such person shall be required to make another application to determine continued eligibility for medical assistance under the Medicaid program. In order to remain eligible for such medical assistance, such person shall (1) request that such assistance be continued for a period not to exceed twelve months from the date of the involuntary loss of employment, and (2) maintain a connection to the workforce as determined by the commissioner during such period. At the end of the twelve-month period, such person shall meet the eligibility criteria for the Medicaid program, except that the commissioner shall disregard any assets specified in subdivisions (4) and (5) of subsection (b) of section 17b-597.

   Uniform Policy Manual ("UPM") § 2540.85 provides there are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group. Persons in this third group may be age 65 or older.

   UPM § 2540.85(A) provides for the Basic Insurance Group. An individual in this group, which is authorized under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), is subject to the conditions described below. 1. An individual in this group must be engaged in a substantial and reasonable work effort to meet the employment criterion. (a) Such effort consists of an activity for which the individual receives cash remuneration and receives pay stubs from his or her employer. (b) If the individual is self-employed, he or she must have established an account through the Social Security Administration and must make regular payments based on earnings as required by the Federal Insurance Contributions Act. (c) that an individual who meets the employment criterion but then loses employment through no fault of his or her own, for reasons such as a temporary health problem or involuntary termination, continues to meet the employment criterion for up to one year from the date of the loss of employment. The individual must maintain a connection to the labor market by either intending to return to work as soon as the health problem is resolved, or by making a bona fide effort to seek employment upon an involuntary termination.

   The Department correctly determined the Appellant was eligible for the Basic Insurance Group as she was working and received pay stubs from her employer.

   The Department correctly discontinued the Appellant's S05 coverage effective [redacted] 2018 as the Appellant has an overdue S05 premium of $[redacted].

DECISION

The Appellant's appeal is denied.

Christopher Turner
Hearing Officer

Cc: Rachel Anderson, Operations Manager, New Haven DSS
Cheryl Stuart, Operations Manager, New Haven DSS
Lisa Wells, Operations Manager, New Haven DSS
Ferris Clare, Fair Hearing Liaison, New Haven DSS

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within 15 days of the mailing date of the decision on the grounds there was an error of fact, law, and new evidence has been discovered, or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, if the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106, or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45-day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.